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Lynn N. Minton	(Depositor's name)
/Lynn N. Minton/	(Signature)
February 26, 2010	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/552,094	10/04/2005	Richard R. Navarro	ZP193-05002	4200

TITLE OF INVENTION: ARTIFICIAL DISC PROSTHESIS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES NO	-\$755 \$1510	\$300	\$0	\$1055 \$1810	03/01/2010

EXAMINER	ART UNIT	CLASS-SUBCLASS
HARVEY, JULIANNA NANCY	3733	623-017150

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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1 Middleton Reutlinger
2 Robert H. Eichenberger
3 Eric L. Killmeier

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Theken Spine, LLC

Akron, OH

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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Authorized Signature /Robert H. Eichenberger/

Date February 26, 2010

Typed or printed name Robert H. Eichenberger

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